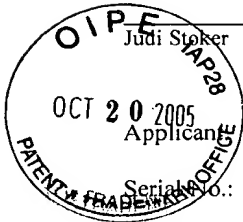


CERTIFICATE OF MAILING

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Judi Stoker

IN THE UNITED STATES PATENT & TRADEMARK OFFICE

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For:

METHODS AND SYSTEMS FOR VALIDATING THE FIELDS OF A FORM

TRANSMITTAL OF REQUEST FOR RECONSIDERATION

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
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Dear Sir:

Transmitted herewith is a Request for Reconsideration in the above-identified application.

[x] additional fee is required.

[x] also attached: Request for one Month Extension of Time; Notice of Appeal; Return Receipt Postcard.

The fee has been calculated as shown below:

	NO. OF CLAIMS	HIGHEST PREVIOUS PAID FOR	EXTRA CLAIMS	RATE	FEE
Total Claims	23	24	0	x \$50 =	\$0
Independent Claims	3	3	0	x \$200 =	\$0
One Month Extension of Time					\$120
Notice of Appeal					\$500
TOTAL FEE DUE.					\$620

[] Please charge my Deposit Account No. 04-1133 in the amount of \$.

[x] Please charge the total amount of \$620 to our Visa credit card. Form PTO-2038 is enclosed.

[x] The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication or credit any overpayment, to Deposit Account No. 04-1133, including any filing fees under 37 CFR 1.16 for presentation of extra claims and any patent application processing fees under 37 CFR 1.17.

Respectfully submitted,

By:

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